Maryland would like confirmation that the Family Supports and Community Supports Waivers will be aligned with the Community Pathways Waiver using July 1st as the start of each waiver year.

Transition Plan to Employment Services:

- Please explain how soon individuals will make changes to their employment goal during the annual person-centered planning process for their employment service changes.

MD Response:
The following language will be related to employment services:

"Participants, family members, and Coordinators of Community Services (CCS) have been given guidance since July of 2018 to use their annual person-centered planning process to identify the appropriate service alignment related to their employment goals. This effort has been through webinars, DDA's Employment First Newsletter, and regional provider meetings.

Beginning July 1, 2019, the Person-Centered Plan (PCP) will include a new detail service authorization section which includes the new employment services that will become available July 1, 2020. Participants receiving supported employment will be able to request job development, on-going, and/or follow along supports under the new employment services. Participants interested in employment discovery and customization will be able to request the discovery service under the new employment services. Participant's interested in self-employment or co-worker supports will also be able to request these services under the new employment service. Therefore, all supported employment and employment discovery and customization services will end on June 30, 2020 and the new corresponding services (i.e. job development, on-going, and discovery) will begin on July 1, 2020 based on the PCP processes."

CMS feedback requested

Appendix B-1-b Additional Criteria:

- The purpose of this section is to provide additional criteria to describe the targeting group.

MD Response: After discussions with CMS, no further response is needed.

Appendix B-2-c Participant Safeguards:

- The state will review and consider additional funds to address increased needs. Please explain or provide additional details to describe the length of time the state will allow an individual to remain on the waiver if their services are in excess of the cost limit established by the state for this waiver. This process and its standards must be consistently applied for uniformly and fairly for all waiver applicants.

- Since the state's limit is an expressed absolute dollar amount of $12,000 (FS)$25,000 (CS), please explain within the waiver application how the limit will be adjusted during the period in which the waiver is in effect to account for changes in the cost of provided services.

MD Response:

The following language will be added to this section:

"To assure the participant's health and welfare and avoid an adverse impact on the participant to apply to another DDA waiver program, participants with increased needs or changes to cost of services that result in exceeding the waiver individuals cost cap limit, will remain in the waiver as long as appropriate services are available within the waiver."

CMS feedback requested

Appendix B-3- Unduplicated Count:

- Please explain the reduction in number of individuals served.

MD Response:

During the initial development of the new waiver, Maryland projected the number of transitioning youth that would enter the Community Pathways Waiver and the number projected to enter the Community Supports Waiver. Based on first year experience, more transitioning youth entered the Community Pathways Waiver instead of the Community Supports Waiver. Therefore, the numbers of slots were adjusted for this reserved category in both waiver programs.

In reviewing of our slot use, we would like to increase the number of slots associated with State Funded Conversions to 50 for the first year and 100 for the second year.

Maryland assures that, if the waiver request is approved, there will be sufficient service capacity to serve at least the number of current participants enrolled in the waiver as of the effective date of the amendment. Maryland also assures that no current waiver participants will be removed from the program or institutionalized inappropriately due to the lower participant limit.

CMS feedback requested

Appendix B-5 Spousal Impoverishment Rules:

- For all 4 waivers (0023, 0339, 1466, and 1506), MD covers the 217 groups but has indicated it is not applying the spousal protection provisions. Please confirm the state is currently applying the spousal impoverishment provisions that have been extended through at least 3/31/19. Please select the first two items that

spousal impoverishment rules are being applied, including the use of spousal post-eligibility rules that is found on B-5a.

MD Response: Maryland is currently applying the spousal impoverishment provisions. The first two boxes will be checked.

Updated in portal

Appendix B-6-a reasonable indication of need:

- Please explain the change to frequency of need to 180 calendar days.

After discussions with CMS, no further response is needed.

Appendix C – Participant Services:

FPP is available for specific waiver services that may be provided in advance of waiver enrollment which may be shifted to administrative costs if the individual isn't enrolled. The state has altered the language and it is no longer accurate, e.g. language under assistive technology, environmental assessment. (Case management, assessments for accessibility)

Assistive Technology:

- The state needs to add more details or remove the following statement: *When services are furnished to individuals returning to the community from a Medicaid institutional setting, the costs of such services are billed to Medicaid as an administrative cost.*
- Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless authorized by the DDA. In these situation, the costs are billed to Medicaid as an administrative cost

MD Response: This language will be removed.

Updated in portal

Career Exploration:

- **"Work tasks on a contract-basis" -** *Vocational services, which are not covered through waivers, are services that teach job task specific skills required by a participant for the primary purpose of completing those tasks for a specific facility based job and are not delivered in an integrated work setting through supported employment.*

After discussions with CMS, no further response is needed.

Adult Day Health:

- This service is for adults – 18 years and older. Please remove the age requirement of 16 and over to be consistent with the state's requirement that

waiver services are not provided during school hours. Individuals who are 16 are school-age and should be in school.

MD Response: Maryland's Medical Day Care service supports individuals age 16 and older. Youth in school can attend Medical Day Care on weekends and when school is not in session such as summer months and winter breaks. After discussions with CMS, no further action is needed.

Personal Supports:

- Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless authorized by the DDA. In these situation, the costs are billed to Medicaid as an administrative cost

MD Response: This language will be removed.

Updated in portal

Respite:

- Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless authorized by the DDA. In these situation, the costs are billed to Medicaid as an administrative cost

MD Response: This language will be removed.

Updated in portal

Community Development:

- Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless authorized by the DDA. In these situations, the costs are billed to Medicaid as an administrative cost.

MD Response: This language will be removed.

Updated in portal

Employment Services:

- Supported employment individual employment supports may be provided by a co-worker or other job site personnel provided that the services that are furnished are not part of the normal duties of the co-worker, supervisor or other personnel and these individuals meet the pertinent qualifications for the providers of service.
- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or Payments that are passed through to users of supported employment services.

MD Response: As per discussion with CMS, the following language will be added related to coworker supports: “Co-worker employment supports may be provided by a co-worker or other job site personnel provided that the services that are furnished are not part of the normal duties of the co-worker, supervisor or other personnel.”

CMS feedback requested

Individual Goods and Services:

- Please revise the following language: “$500 is dedicated to support staff recruitment efforts”. The state cannot dictate the budget of individuals since it is self-directed.

After discussions with CMS, no further response is needed.

Medical Day Care:

- Please remove the age limits 16 and over. This service is for adults – 18 years and older. Please remove the age requirement of 16 and over to be consistent with the state’s requirement that waiver services are not provided during school hours. Individuals who are 16 are school-age and should be in school.

MD Response: Maryland’s Medical Day Care service supports individuals age 16 and older. Youth in school can attend Medical Day Care on weekends and when school is not in session such as summer months and winter breaks.

After discussions with CMS, no further action is needed.

Environmental Modifications:

- When services are furnished to individuals returning to the community from a Medicaid institutional setting, the costs of such services are billed to Medicaid as an administrative cost.

MD Response: This language will be removed.

Updated in portal

Nurse Case management:

- Please explain how the state determines whether a nurse case manager who is a relative, legal guardian or legally responsible person may deliver this service to the waiver participant.

MD Response: A relative, legal guardian or legally responsible person may provide nursing case management and delegation services, if he or she meets the provider qualifications and authorized by DDA due to the unique needs of the participant, skills of the relative, and lack of available professionals to meet the unique needs.

CMS feedback requested

Personal Supports:

- Access to personal supports (C) – how is this criteria applied consistently and who makes the determination?

MD Response:

Each person-centered plan (PCP) provides a picture of the person's self-identified Good Life, and includes supporting documentation for the assessed waiver service need. Participants can explore various life "focus areas" such as day to day and community life that can help promote active and ongoing engagement around the pursuit of independence and community membership.

Based on the information that come out of that focus area, Support Intensity Scale, Health Risk Screening Tool, and other supporting tools and documents, a coordinator works with the person to determine the most appropriate service to support their assessed need(s). The Integrated Star is a useful tool for people, families and teams to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.
To authorized a PCP, the DDA Regional Offices reviews all information submitted with the PCP to determine if there is an assessed need for the requested personal support services for community engagement (outside of meaningful day services) or home skills development; whether the level of service requested is necessary and appropriate to meet the participant's needs; and whether the service is the most cost-effective service to meet the participant's needs. For services that are not the most cost-effective, the DDA will also consider "extraordinary" circumstances such as proximity to family, employment, and medical services.

CMS feedback requested

Appendix C-2-d & e:

- The state needs to update and add nurse case management services since the state is allowing participant's relatives, legal guardian to deliver this service.

MD Response: Maryland updated C-2-e to include nurse case management and delegation services. Nursing services was noted included under C-2-d as they are not similar to personal care.

CMS feedback requested

Appendix I-2-a:

- The state cannot reference another waiver as the source of information. The state will need to copy and paste the rate methodology.

MD Response: Maryland updated this section as noted below.

We will delete this statement “The current rate methodology can be found on page 246 of the Community Pathways Waiver Application for 1915(c) HCBS Waiver: MD.0023.R06.01 - Jul 01, 2016 found here: https://dda.health.maryland.gov/Documents/2016/Community%20Pathways%20Waiver%20Amendment%201%20MD%200023%20R06%2001%20-%20Effective%20July%201%202016.pdf”

We will add the following information:

“The DDA determines payment rates for rate-based waiver services with input from the public. The Community Services Reimbursement Rate Commission (CSRRC), an independent commission within the Maryland Department of Health and Mental Hygiene (DHMH), provides input into the rate setting process. The commission is concerned with issues regarding community services for individuals with developmental disabilities or psychiatric disabilities, with particular emphasis on the rates paid to service providers, wage rates of direct care workers, uncompensated care, solvency of providers, and consumer safety costs. DDA rates vary slightly based on the federally recognized wage enhancement areas. Wage enhancement areas result in slightly higher service rates for Washington DC Metro and Wilmington Metro. Rates are available on the DDA website and rate changes are made through the regulatory process, which includes publication in the Maryland Register.

In 1998, initial rates for the Fee Payment System (FPS) was developed and covers four programs— Community Supported Living Arrangements (CSLA) now Personal Supports, day, residential, and supported employment. FPS is based on two rates – the provider and individual component. The provider component pays a flat rate for Administrative, General, Capital, and Transportation (AGC&T) cost centers. As the FPS rates were developed, this component was arrived at in a cost neutral manner by bringing all providers to the weighted mean AGC&T as reported on their cost reports.

FPS also covers “add-ons” to accommodate temporary changes in client needs (usually for a period under one year, but can be extended), and one-time supplemental costs for special equipment, assistive technology, accessibility modifications to structures, and other needs that are not covered by Medicaid, private insurance, or any other state or federal health program. The rates used for FPS services are historical in nature and outlined in COMAR 10.22.17.06 through 10.22.17.13. Daily FPS rates are computed using the following three components:

1) The individual component, which assesses the service needs of the individual as determined by their matrix score using an assessment tool called the Individual Indicator Rating Scale (IIRS). This component also includes regional rate adjustments that increase for certain high-cost areas of the State.

2) The provider component, which accounts for the indirect costs of providing care. These are fixed statewide per diem rates, with separate scales for day and residential programs.

3) The add-on component, addresses additional service needs which were not covered under the IIRS matrix score. Add-ons are negotiated at the regional level with each provider. It is important to note that not all individuals require add-ons, but the majority of individuals do have add-ons included in their FPS rates."

CMS feedback requested